FAIR VIEW HOME

1050 DIVISION STREET

MAUSTON 53948 Phone: (608) 847-6161	=	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/02):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/02):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/02:	59	Average Daily Census:	59
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/02)	Length of Stay (12/31/02)	90
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	ફ	Less Than 1 Year 1 - 4 Years	42.4 40.7
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	10.2		16.9
Day Services	No	Mental Illness (Org./Psy)	18.6	65 - 74	1.7		
Respite Care	No	Mental Illness (Other)	5.1	75 - 84	37.3		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.4	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.5	Full-Time Equivalen	it
Congregate Meals	No	Cancer	1.7			Nursing Staff per 100 Re	sidents
Home Delivered Meals	No	Fractures	3.4		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	10.2	65 & Over	89.8		
Transportation	No	Cerebrovascular	30.5			RNs	13.9
Referral Service	No	Diabetes	6.8	Sex	용	LPNs	6.2
Other Services	No	Respiratory	8.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.6	Male	18.6	Aides, & Orderlies	52.0
Mentally Ill	No			Female	81.4		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	271	36	97.3	117	0	0.0	0	14	100.0	145	0	0.0	0	0	0.0	0	58	98.3
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				1	2.7	170	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		37	100.0		0	0.0		14	100.0		0	0.0		0	0.0		59	100.0

FAIR VIEW HOME

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 1	2/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	1.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		45.8	54.2	59
Other Nursing Homes	17.9	Dressing	3.4		62.7	33.9	59
Acute Care Hospitals	76.8	Transferring	8.5		66.1	25.4	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	8.5		50.8	40.7	59
Rehabilitation Hospitals		Eating				10.2	59
Other Locations	0.0	*****	*****	*****	*****	******	*****
Total Number of Admissions	56	Continence		%	Special Treat	ments	용
Percent Discharges To:		Indwelling Or Externa	al Catheter	5.1	Receiving Re	espiratory Care	22.0
Private Home/No Home Health	28.1	Occ/Freq. Incontinent	of Bladder	66.1	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	7.0	Occ/Freq. Incontinent	of Bowel	37.3	Receiving S	uctioning	1.7
Other Nursing Homes	5.3				Receiving O	stomy Care	8.5
Acute Care Hospitals	14.0	Mobility			Receiving T	ube Feeding	6.8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	Ė	8.5	Receiving Me	echanically Altered Die	ts 22.0
Rehabilitation Hospitals	0.0						
Other Locations	1.8	Skin Care			Other Residen	t Characteristics	
Deaths	43.9	With Pressure Sores		15.3	Have Advance	e Directives	78.0
Total Number of Discharges		With Rashes		1.7	Medications		
(Including Deaths)	57				Receiving P	sychoactive Drugs	67.8

	This	Other	Hospital-	All
	Facility	Based F	Tacilities	Facilties
	%	용	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	87.4	1.12	85.1 1.16
Current Residents from In-County	88.1	84.3	1.05	76.6 1.15
Admissions from In-County, Still Residing	39.3	15.2	2.59	20.3 1.93
Admissions/Average Daily Census	94.9	213.3	0.44	133.4 0.71
Discharges/Average Daily Census	96.6	214.2	0.45	135.3 0.71
Discharges To Private Residence/Average Daily Census	33.9	112.9	0.30	56.6 0.60
Residents Receiving Skilled Care	98.3	91.1	1.08	86.3 1.14
Residents Aged 65 and Older	89.8	91.8	0.98	87.7 1.02
Title 19 (Medicaid) Funded Residents	62.7	65.1	0.96	67.5 0.93
Private Pay Funded Residents	23.7	22.6	1.05	21.0 1.13
Developmentally Disabled Residents	1.7	1.5	1.17	7.1 0.24
Mentally Ill Residents	23.7	31.3	0.76	33.3 0.71
General Medical Service Residents	13.6	21.8	0.62	20.5 0.66
<pre>Impaired ADL (Mean) *</pre>	63.7	48.9	1.30	49.3 1.29
Psychological Problems	67.8	51.6	1.31	54.0 1.26
Nursing Care Required (Mean) *	9.7	7.4	1.31	7.2 1.35